

United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

## 1. Company Name and Address

QUALCO, INC.  
225 PASSAIC ST  
PASSAIC, NJ 07055

## 2. Case # and Name

0569 - Sodium dichloro-s-triazinetrione  
Chemical # and Name: 081404  
Sodium dichloro-s-triazinetrione

## 3. Date and Type of DCI and Number

17-Jun-2019  
GENERIC  
ID # GDCL-081404-1795

## 4. EPA Product Registration

## 5. I wish to cancel this product registration voluntarily

## 6. Generic Data

6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.

6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."

## 7. Product Specific Data

7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."

7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."

3525-143

██████████

100% repack

N/A

N/A

*\*Product ingredient source information may be entitled to confidential treatment\**

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative Debbie Schaub

9. Date

09/10/20

10. Name of Company

QUALCO INC.

11. Phone Number

973-473-1222

United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

<b>1. Company Name and Address</b>  QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055		<b>2. Case # and Name</b>  0569 - Sodium dichloro-s-triazinetriene Chemical # and Name: 081404 Sodium dichloro-s-triazinetriene			<b>3. Date and Type of DCI and Number</b>  17-Jun-2019 GENERIC ID # GDCI-081404-1795				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
	<b>Applicator Exposure Data Requirements (Conventional Chemical)</b>								
875.1400	Inhalation exposure--indoor (17, 18, 29, 30, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	24	6
875.1700	Product Use Information (17, 18, 29, 30)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	TEP	12	6
	<b>Environmental Fate Data Requirements (Conventional Chemical)</b>								
835.1230	Sediment and soil absorption/desorption for parent and degradates (2, 7)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
835.4300	Aerobic aquatic metabolism (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	24	6
835.4400	Anaerobic aquatic metabolism (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	24	6
	<b>Nontarget Plant Protection Data Requirements (Conventional Chemical)</b>								
850.4100	Seedling Emergence and Seedling Growth (1, 28)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.4150	Vegetative Vigor (1, 28)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
<b>10. Certification:</b> I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.  Signature and Title of Company's Authorized Representative <u>Debbie Schaub</u>							<b>11. Date</b>  09/10/20		
<b>12. Name of Company</b> QUALCO INC.							<b>13. Phone Number</b> 973-473-1222		

United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

<b>1. Company Name and Address</b>  QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055		<b>2. Case # and Name</b>  0569 - Sodium dichloro-s-triazinetriene Chemical # and Name: 081404 Sodium dichloro-s-triazinetriene			<b>3. Date and Type of DCI and Number</b>  17-Jun-2019 GENERIC ID # GDCI-081404-1795				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
850.4400	<b>Nontarget Plant Protection Data Requirements (Conventional Chemical)</b>  Aquatic Plant Toxicity Using Lemna spp (2, 19, 22)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
875.2300	<b>Post-Application Exposure Data Requirements (Conventional Chemical)</b>  Indoor surface residue dissipation (10, 32, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,DD	TEP	24	6
860.1460	<b>Residue Chemistry Data Requirements for Food Uses (Conventional Chemical)</b>  Food handling (11, 14, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,DD	TEP	24	6
850.1010	<b>Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)</b>  Aquatic invertebrate acute toxicity, test, freshwater daphnids (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.1025	Oyster acute toxicity test (shell deposition) (2, 6)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.1035	Mysid acute toxicity test (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6



United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

<b>1. Company Name and Address</b>  QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055		<b>2. Case # and Name</b>  0569 - Sodium dichloro-s-triazinetriene Chemical # and Name: 081404 Sodium dichloro-s-triazinetriene			<b>3. Date and Type of DCI and Number</b>  17-Jun-2019 GENERIC ID # GDCI-081404-1795				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
	<b>Terrestrial and Aquatic Nontarget Organisms Data Requirements (Conventional Chemical)</b>								
850.1055	Bivalve acute toxicity test (embryo larval) (2, 6)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.1075	Fish acute toxicity test, freshwater and marine (2, 8, 13)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	TEP	12	6
850.1300	Daphnid chronic toxicity test (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.1350	Mysid chronic toxicity test (2)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.1400	Fish early-life stage toxicity test (2, 3)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
810.2600	Disinfectants and Sanitizers for Use in Water (4, 5, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,DD	TGAI	24	6
835.3110	Ready biodegradability (2, 9, 27)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
835.3220	Porous pot test (2, 9, 26)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6

United States Environmental Protection Agency  
Washington, D.C. 20460  
**REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

<b>1. Company Name and Address</b>  QUALCO, INC. 225 PASSAIC ST PASSAIC, NJ 07055		<b>2. Case # and Name</b>  0569 - Sodium dichloro-s-triazinetriene Chemical # and Name: 081404 Sodium dichloro-s-triazinetriene				<b>3. Date and Type of DCI and Number</b>  17-Jun-2019 GENERIC ID # GDCI-081404-1795			
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
835.3240	Simulation Test-Aerobic Sewage Treatment-Activated Sludge (2, 9, 25)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
835.3280	Simulation Tests to Assess the Biodegradability of Chemicals (2, 9, 24)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.3300	Modified Activated Sludge, Respiration Inhibition Test (2, 9, 15, 23)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.4500	Algal Toxicity (2, 21, 31)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
850.4550	Cyanobacteria (Anabaena flos-aquae) Toxicity (2, 20, 31)	N				R,S,T,U,V,W,X,Y,Z,CC,DD	Degr	12	6
SS-Migration	Migration studies (12, 16, 33)	Y				R,S,T,U,V,W,X,Y,Z,CC,DD	ROC	24	6